

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name PMC REGIONAL HOSPITAL	Telephone Number Est 812-206-7650 Own (812) 206-7624	Date of Inspection 11/24/2020	ID#
Address 4023 REAS LN, NEW ALBANY IN 47150	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 12/05/2020
Owner DENNIS MEDLEY (CEO)		Menu Type 1 _ 2 _ 3 _ 4 <u>X</u> 5 _	
Owner's Address 3626 GRANTLINE RD STE 205 NEW ALBANY, IN 47150-			
Person in Charge MARISSA SHAUVER			
Responsible Person's Email DMEDLEY@PMCINDIANA.COM			
Certified Food Handler EMMA SIMPSON			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
411		X		Observed 3 light fixtures in kitchen/ storage room to not have functioning light bulbs.	11/30/20

Summary of Violations C 0 NC 1 R 0

Received by (name and title printed):

Inspected by (name and title printed):

Thomas Snider EHS

Received by (signature):

Inspected by (signature):

Thomas Snider

cc:

cc:

cc: